PATENT APPLI

ON TRANSMITTAL LETTER (Large Entity)



Docket No. INTL-0438-US (P9450)

## TO THE ASSISTANT COMMISSIONER FOR PATENTS

Transmitted herewith for filing under 35 U.S.C. 111 and 37 C.F.R. 1.53 is the patent application of:

| BENJAMIN M. CAHILL, III                           | S.S.  |
|---------------------------------------------------|-------|
| For: ANALYZING ALPHA VALUES FOR FLICKER FILTERING | JC925 |
| Enclosed are:                                     |       |

| X | Certificate of Mailing with Express Mail Mailing Label No. EL66904152 |  |  |  |  |  |
|---|-----------------------------------------------------------------------|--|--|--|--|--|
| X | Six (6) sheets of drawings.                                           |  |  |  |  |  |
|   | A certified copy of a application.                                    |  |  |  |  |  |
| X | Declaration 🖾 Signed. 🗆 Unsigned.                                     |  |  |  |  |  |
| X | Power of Attorney                                                     |  |  |  |  |  |
|   | Information Disclosure Statement                                      |  |  |  |  |  |
|   | Preliminary Amendment                                                 |  |  |  |  |  |
| X | Other: Recordation Form Cover Sheet, Assignment and check for \$40.   |  |  |  |  |  |

| CLAIMS AS FILED   |                                                 |          |        |   |          |          |  |
|-------------------|-------------------------------------------------|----------|--------|---|----------|----------|--|
| For               | #Filed                                          | #Allowed | #Extra |   | Rate     | Fee      |  |
| Total Claims      | 22                                              | - 20 =   | 2      | x | \$18.00  | \$36.00  |  |
| Indep. Claims     | 3                                               | - 3 =    | 0      | x | \$80.00  | \$0.00   |  |
| Multiple Depender | fultiple Dependent Claims (check if applicable) |          |        |   |          |          |  |
|                   |                                                 |          |        |   | BASIC FE | \$710.00 |  |

| X | A check in the amount of                                                          | \$746.00 | to cover the filing fee is enclosed. |  |  |  |
|---|-----------------------------------------------------------------------------------|----------|--------------------------------------|--|--|--|
| X | The Commissioner is hereby authorized to charge and credit Deposit Account No. 20 |          |                                      |  |  |  |
|   | as described below. A duplicate copy of this sheet is enclosed.                   |          |                                      |  |  |  |
|   | ☐ Charge the amount of as filing fee.                                             |          |                                      |  |  |  |
|   | Credit any overpay                                                                | nent.    |                                      |  |  |  |
|   | M. Charge any additional filing fees required under 37 C.F.R. 1.16 and 1.17       |          |                                      |  |  |  |

☐ Charge the issue fee set in 37 C.F.R. 1.18 at the mailing of the Notice of Allowance, pursuant to 37 C.F.R. 1.311(b).

October 31, 2000 Dated:

> Timothy N. Trop, Reg. No. 28,994 TROP, PRUMER & HU, P.C. 8554 Katy Freeway, Suite 100 Houston, Texas 77024-1805 (713) 468-8880 [Phone]

**TOTAL FILING FEE** 

(713) 468-8883 [Fax]

cc:

<u> T</u>1 N

. [..]

Customer No. 21906

\$746.00





Docket No.
INTL-0438-US (P9450)

## TO THE ASSISTANT COMMISSIONER FOR PATENTS

Transmitted herewith for filing under 35 U.S.C. 111 and 37 C.F.R. 1.53 is the patent application of:

BENJAMIN M. CAHIEL, III

For: ANALYZING ALPHA VALUES FOR FLICKER FILTERING

| England are:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                      |                 |                             |                                          |          |
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| Enclosed are:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ng with Ever-                | te Mail Mailing Lat  | hel No E        | _6690 <i>4</i> 1 <i>5</i> 3 | 22US                                     |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                      |                 |                             |                                          |          |
| • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                      |                 |                             |                                          |          |
| ☐ A certified copy of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ra<br>⊠ Signed.              | ☐ Unsigned.          |                 |                             |                                          |          |
| □ Declaration     □ Power of Attorney                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | •                            | _ onsigned.          |                 |                             |                                          |          |
| <ul><li>☑ Power of Attorney</li><li>☐ Information Disclosion</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              | nt                   |                 |                             |                                          |          |
| Ξ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              | •••                  |                 |                             |                                          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              | r Sheet, Assignmen   | it and check    | for \$40.                   |                                          | :        |
| Uliei. Recordati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1 01111                      |                      |                 |                             |                                          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              | CLAIMS A             | AS FILED        |                             |                                          |          |
| For                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | #Filed                       | #Allowed             | #Extra          |                             | Rate                                     | Fee      |
| Total Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 22                           | - 20 =               | 2               | x                           | \$18.00                                  | \$36.00  |
| Indep. Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3                            | - 3 =                | 0               | x                           | \$80.00                                  | \$0.00   |
| Multiple Dependent (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Claims (check                | if applicable)       |                 |                             |                                          | \$0.00   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                      |                 |                             | BASIC FEE                                | \$710.00 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                      |                 |                             | TOTAL FILING FEE                         | \$746.00 |
| A check in the am      A check in t | nount of                     | \$746.00 to d        | cover the filin | g fee is e                  | nclosed.                                 |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                      |                 |                             |                                          |          |
| ★ The Commissioner is hereby authorized to charge and credit Deposit Account No. 20-1504.       as described below. A duplicate copy of this sheet is enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                      |                 |                             |                                          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | he amount of                 |                      | as filing fee.  |                             |                                          |          |
| Credit an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ny overpaymen                | it.                  | -               |                             |                                          |          |
| Charge a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | any additional fi            | filing fees required | under 37 C.     | F.R. 1.16                   | and 1.17.                                |          |
| ☐ Charge t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | he issue fee se              | et in 37 C.F.R. 1.1  | 8 at the mail   | ing of the                  | Notice of Allowance,                     |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | to 37 C.F.R. 1               |                      |                 |                             | ~ ~                                      |          |
| ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |                      |                 |                             | 1/1                                      |          |
| Dated: October 31, 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1000                         |                      |                 |                             | 11 /NO M                                 |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                      |                 | ( //                        | Signature  Took Poor No. 29 994          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                      | 1               | RUD DD                      | Trop, Reg. No. 28,994<br>UNER & HU, P.C. |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 8554 Katy Freeway, Suite 100 |                      |                 |                             |                                          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                      | H               | louston, T                  | Texas 77024-1805                         |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                      | •               | •                           | 3880 [Phone]                             |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                      | (               | /13) 468-8                  | 3883 [Fax]                               |          |
| cc:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                      | C               | Customer I                  | No. 21906                                |          |